

01/04/02
JC784 U.S. PTO

01-08-02

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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

| | | |
|--|-----------------------|---|
| UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b)) | Attorney Docket No. | ATI-3 2.034/4175 |
| | First Inventor | Johnny JENG |
| | Title | TOOTHBRUSH WITH OPPOSITELY RECIPROCATING BRUSH HEADS |
| | Express Mail Label No | EL 781 391060 US |

| | |
|--|---|
| APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents | ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Fee P.O. Box 2327 Arlington, VA 22202 |
|--|---|

- | | |
|---|--|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and duplicate for fee processing) 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification (Total Pages [9]) (Preferred arrangement set forth below) -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed Sponsored R & D -Reference to sequence listing, a table, or a computer program listing appendix -Background of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) (Total Sheets [2]) | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CFR) b. Specification Sequence Listing on i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (When there is an assignment) <input type="checkbox"/> Power of Attorney 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (If foreign priority is claimed) 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: Check for \$740.00 |
|---|--|

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. ____/____

Prior application information: Examiner _____ Group Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

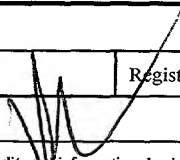
| | | | | | |
|---|--------------------------------------|-----------------------------------|-----------------|----------|----------------|
| 19. CORRESPONDENCE ADDRESS | | | | | |
| <input checked="" type="checkbox"/> Customer Number or Bar Code Label (Insert Customer Number and Bar Code Label here) or <input type="checkbox"/> Correspondence address below | | | | | |
| Name | COBRIN & GITES | | | | |
| Address | 750 Lexington Avenue, 21 Floor 26784 | | | | |
| City | New York | State | New York | Zip Code | 10022 |
| Country | U.S.A. | Telephone | (212) 486-4000 | Fax | (212) 486-4007 |
| Name (Print/Type) | Peter T. Cobrin | Registration No. (Attorney/Agent) | | 24,117 | |
| Signature | Date | | January 4, 2002 | | |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

JC832 U.S. PTO
10/040322
01/04/02

FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

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|--|-------|---|------------------|--|---|-----------------------------------|------|--------------|-----------------------|-----------------|--|----------|--|
| <h2 style="margin: 0;">FEE TRANSMITTAL for FY 2002</h2> <p style="margin: 5px 0;"><i>Patent fees are subject to annual revision.</i></p> | | | | | | Complete if Known | | | | | | | |
| | | | | | | Application Number | | | Not Yet Assigned | | | | |
| | | | | | | Filing Date | | | Concurrently Herewith | | | | |
| | | | | | | First Named Inventor | | | Johnny JENG, et al. | | | | |
| | | | | | | Examiner Name | | | Not Yet Assigned | | | | |
| Group/Art Unit | | | Not Yet Assigned | | | | | | | | | | |
| TOTAL AMOUNT OF PAYMENT | | | | (\$ 740.00) | | Attorney Docket No. | | | ATI-3.2.034/4175 | | | | |
| METHOD OF PAYMENT (check one) | | | | | | FEE CALCULATION (continued) | | | | | | | |
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account Number [03-2317] Deposit Account Name [COBRIN & GITTES] <input checked="" type="checkbox"/> Charge any additional fee required under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27 | | | | | | 3. ADDITIONAL FEES | | | | | | | |
| | | | | | | Large Entity | | Small Entity | | | | | |
| | | | | | | Code | (\$) | Code | (\$) | Fee Description | | Fee Paid | |
| 105 | 130 | 205 | 65 | Surcharge - Late filing fee or oath | | | | | | | | | |
| 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet | | | | | | | | | |
| 139 | 130 | 139 | 130 | Non-English specification | | | | | | | | | |
| 147 | 2,520 | 147 | 2,520 | Request for Reexamination | | | | | | | | | |
| 112 | 920* | 112 | 920* | Req publication of SIR prior to Examiner action | | | | | | | | | |
| 113 | 1,840 | 113 | 1,840 | Requesting publication of SIR after Examiner action | | | | | | | | | |
| 115 | 110 | 215 | 55 | Extension within first month | | | | | | | | | |
| 116 | 400 | 216 | 200 | Extension within second month | | | | | | | | | |
| 117 | 920 | 217 | 460 | Extension within third month | | | | | | | | | |
| 118 | 1,440 | 218 | 720 | Extension within fourth month | | | | | | | | | |
| 128 | 1,960 | 228 | 980 | Extension within fifth month | | | | | | | | | |
| 119 | 320 | 219 | 160 | Notice of Appeal | | | | | | | | | |
| 120 | 320 | 220 | 160 | Brief in support of an appeal | | | | | | | | | |
| 121 | 280 | 221 | 140 | Request for oral hearing | | | | | | | | | |
| 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding | | | | | | | | | |
| 140 | 110 | 240 | 55 | Petition to revive - unavoidable | | | | | | | | | |
| 141 | 1,280 | 241 | 640 | Petition to revive - unintentional | | | | | | | | | |
| 142 | 1,280 | 241 | 640 | Utility issue fee (or reissue) | | | | | | | | | |
| 143 | 460 | 243 | 230 | Design issue fee | | | | | | | | | |
| 144 | 620 | 244 | 310 | Plant issue fee | | | | | | | | | |
| 122 | 130 | 122 | 130 | Petitions to the Commissioner | | | | | | | | | |
| 123 | 50 | 123 | 50 | Petitions related to provisional applications | | | | | | | | | |
| 126 | 180 | 126 | 180 | Submit Info Disclosure Stmt | | | | | | | | | |
| 581 | 40 | 581 | 40 | Patent Assignment per property | | \$0 | | | | | | | |
| 146 | 740 | 246 | 370 | Filing a submission after final rejection (37 CFR 1.129(a)) | | | | | | | | | |
| 149 | 740 | 249 | 370 | For each additional invention to be examined (37 CFR 1.129(b)) | | | | | | | | | |
| 179 | 740 | 279 | 370 | Request for Continued Examination (RCE) | | | | | | | | | |
| 169 | 900 | 169 | 900 | Request for expedited examination of a design appln | | | | | | | | | |
| SUBTOTAL (1) | | | | \$ 740 | | | | | | | | | |
| 2. EXTRA CLAIM FEES | | | | | | | | | | | | | |
| | | Extra Claim | | Fee below | | Fee Paid | | | | | | | |
| Total Claims | 4 | -20 = | 0 | x | 0 | \$ 0 | | | | | | | |
| Indep. Claims | 3 | -3 = | 0 | x | 0 | \$ 0 | | | | | | | |
| Multiple Dependent | | | | | | | | | | | | | |
| ** or number previously paid, if greater; for reissues, see below | | | | | | | | | | | | | |
| Large Entity | | Small Entity | | | | | | | | | | | |
| Code | (\$) | Code | (\$) | Fee Description | | | | | | | | | |
| 103 | 18 | 203 | 9 | Claims in excess of 20 | | | | | | | | | |
| 102 | 84 | 202 | 42 | Independent claims in excess of 3 | | | | | | | | | |
| 104 | 280 | 204 | 140 | Multiple dependent claim, if not paid | | | | | | | | | |
| 109 | 84 | 209 | 42 | **Reissue independent claims over original patent | | | | | | | | | |
| 110 | 18 | 210 | 9 | **Reissue claims in excess of 20 and over original patent | | | | | | | | | |
| SUBTOTAL (2) | | | | | | (\$0) | | | | | | | |
| **or number previously paid, if greater; For Reissues, see above | | | | | | *Reduced by Basic filing fee Paid | | SUBTOTAL (3) | | \$0 | | | |
| SUBMITTED BY | | | | | | Complete (if applicable) | | | | | | | |
| Name (Print Type) | | Peter T. Cobrin | | Registration Number | | 24,117 | | Telephone | | (212) 486-4000 | | | |
| Signature | |  | | Date | | January 4, 2002 | | | | | | | |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Applicant: Johnny Jeng, et al.
Filed: Concurrently herewith
Appn No: to be assigned
Title: **TOOTHBRUSH WITH OPPOSITELY
RECIPROCATING BRUSH HEADS**

Docket: ATI-3.2.034/4175

- Enclosures:
1. Utility Patent Application Transmittal Form
 2. Utility Patent Application (9 pages)
 3. Two (2) Sheets of Drawings (Figs. 1-2)
 4. Information Disclosure Statement (Form PTO-1449 w/o cited References)
 5. Declaration for a Utility Patent (unexecuted)
 6. Certificate of Express Mail Under 37 CFR 1.10
 7. Fee Transmittal Form (duplicate)
 8. Check: \$740.00

CERTIFICATE OF EXPRESS MAIL UNDER 37 CFR 1.10

The undersigned hereby certifies that the foregoing documents are being deposited with the United States Postal Service as Express Mail, postage prepaid, in an envelope addressed to Assistant Commissioner for Patents, Box Patent Application- Fee, P.O. Box 2327, Arlington, VA 22202 on this date of **January 4, 2002**.

Signature: Lupe Serrano
Typed Name: Lupe Serrano

EL 781391060 US
Express Mail Label Number

January 4, 2002
Date of Deposit